

Community Purchasing Group for **Auto/Home Insurance Cost Reduction**

Name: _____

Address: _____

Email address: _____

Age: _____ Phone: _____

Community/civic group or church affiliation: _____

Are you currently actively working? Yes / No . If not, are you retired? Yes / No .

AUTO INFORMATION

Years of driving experience: _____ Number of cars in your household: _____

Number of traffic tickets received in the past 3 years: _____ (if any, please see reverse of this page)

Number of traffic accidents in the past 3 years: _____ (if any, please see reverse of this page)

Security features (check all that apply)? ____ security guards ____ gated community ____ vehicle alarm
____ household garage ____ other? specify _____

Age of drivers eligible to drive your car: _____ (please see reverse of this page if more than 1)

HOME INFORMATION

How many smoke alarms do you have in your house? ____ 0 ____ 1 ____ 2 ____ 3 ____ more than 3

Security features (check all that apply)? ____ deadbolt locks ____ security system ____ other?

How old is your house? _____ specify _____

Is your house brick or wood frame? Brick / Frame

Closest fire hydrant: ____ less than 1 block ____ 1-2 blocks ____ over 2 blocks

Are you within five miles of a fire station? ____ Yes ____ No ____ Don't know

How many claims have you had in the last three years? _____ (if any, please see reverse of this page)

What is the State Equalized Value (SEV) of your house? _____

What is the square footage of your home? _____

Please turn in this survey upon completion, or mail to:

Rev. Howard Fauntroy, Co-Chair - Detroit Purchasing Group, First Institutional Baptist Church, 17101 W. Seven Mile, Detroit, MI 48235

Traffic tickets (past 3 years): please list the violation

Violation #1: _____

Violation #2: _____

Violation #3: _____

Violation #4: _____

Accidents (past 3 years): please include month/year of accident, and who was at fault:

Accident #1: _____

Accident #2: _____

Accident #3: _____

Accident #4: _____

Drivers: What are the ages of the drivers eligible to drive your car?

Driver #1: _____ Driver #2: _____ Driver #3: _____

Driver #4: _____ Driver #5: _____ Driver #6: _____

Home Insurance Claims: please briefly describe each claim made claimsin the last 3 years:

Claim #1: _____

Claim #2: _____

Claim #3: _____
